

Adult Center Monitor Evaluation Form

Sponsor Name			CTD No.		
Date of Visit	Time of Arrival <input type="checkbox"/> am <input type="checkbox"/> pm	Time of Departure <input type="checkbox"/> am <input type="checkbox"/> pm	Date of last visit		
Type of Review					
<input type="checkbox"/> Announced	<input type="checkbox"/> Unannounced	<input type="checkbox"/> Pre-Approval / Adding Site	<input type="checkbox"/> 28-Day/Initial	<input type="checkbox"/> Block Claim	
It is a requirement that you monitor your sites at least three times per year. Check the number of this visit.					
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth (if using averaging)					
Monitor Name			Title		
Site Name					
Site Address					
Person Interviewed at Site			Title of Person Interviewed		

A. OBSERVED MEAL SERVICE

1. What meal was observed?

- Breakfast** – consists of milk, bread, and fruit/vegetable.
- Snack (am/pm)** – consists of any two of the four food components (milk, bread, fruit/vegetable, meat/meat alternate).
- Lunch/Supper** – consists of milk, bread, meat/meat alternate, and two fruits/vegetables from different sources.

2. Type of meal service: **Family Style** **Traditional** **Other (specify):** _____

3. Meal Count – Complete the following for the meal observed:

	BREAKFAST	AM SUPPLEMENT	LUNCH	PM SUPPLEMENT	SUPPER
Beginning Time of Meal Service					
Ending Time of Meal Service					

4. List foods and amounts served to participants:

	FOOD SERVED	AMOUNT PREPARED
Milk		
Meat or Meat Alternate		
Vegetables and/or Fruit (two or more)		
Whole Grain or Enriched Bread or Bread Alternate		
Other Foods		

- 5. Is the quantity of each component sufficiently prepared to meet requirements for the number of participants? Yes No
- 6. Was the menu served the same as posted for today? Yes No
If not, were substitutions consistent with USDA requirements? Yes No N/A
- 7. Are menu substitutions correctly documented? Yes No N/A
- 8. Are medical statements on file for participants with special diets? Yes No N/A
- 9. Are special dietary needs of participants met without additional cost?..... Yes No N/A

This institution is an equal opportunity provider.

- 10. Were all required components served? Yes No
- 11. Were all components served at the same time? Yes No
- 12. Were the quantities of each component sufficiently prepared to meet meal patterns? Yes No N/A
- 13. Are the combination of meals/snacks claimed consistent with CACFP regulations? Yes No N/A

B. RECORD KEEPING

- 1. Licensing
 - a. Is the license current? Yes No N/A
 - b. What is the current licensed capacity?
 - c. Is the center within the current licensed capacity? Yes No N/A
 - d. Is the facility subject to licensing standards other than DHS? Yes No
- 2. Attendance – Are sign in/out sheets completed correctly? Yes No
- 3. Meal Counts
 - a. Are meal counts recorded at the point of service for each meal claimed for reimbursement?..... Yes No
 - b. Is the weekly attendance meal record (WAMR) and daily meal count sheet used accordingly?..... Yes No
- 4. Eligibility
 - a. Are all income applications kept in a safe and secured area? Yes No
 - b. Is there any indication of overt identification for DES beneficiaries? Yes No N/A
- 5. Costs
 - a. Are all administrative and operating costs being recorded accurately? Yes No N/A
 - d. Is documentation on file to support all program costs?..... Yes No N/A
- 6. Claims
 - a. Are claims being processed and payments being received in a timely manner?..... Yes No N/A
 - b. On what date did you receive your last payment? _____ For which month was this payment? _____
- 7. Records Retention
 - a. Is the staff aware that CACFP records must be kept on file for five years?..... Yes No

C. TRAINING

- 1. Has facility staff attended training sessions conducted by the Sponsor on CACFP?..... Yes No

DATES	TOPICS

- 2. Are there sign in sheets for the participants that attended training on file?..... Yes No
- 3. Was civil rights included as a topic? Yes No

D. SANITATION AND STORAGE

- 1. Are food temperatures taken and recorded for hot (140° or above) and/or cold (41° or below) foods prior to service? Yes No
- 2. Are the floor, refrigerator, stove, cabinets, and working area sanitary and in good condition? Yes No
If not, explain: _____
- 3. Are all foods labeled and dated? Yes No

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4. Are there working thermometers in the refrigerator and freezer? Yes No
 Record the temperatures: Refrigerator _____ degrees Freezer _____ degrees
5. Are participant's and staff's hands washed before handling food? Yes No
6. Is the required local health inspection documentation available for review? Yes No
7. If problems were noted during the last inspection, have they been corrected? Yes No

E. CIVIL RIGHTS

1. Is there any separation by race, color, national origin, sex, or handicapping condition? Yes No
2. Is the staff able to explain the process for making civil rights complaints? Yes No
3. Does the facility have a copy of the Complaints for Discrimination on file? Yes No

4. Give number of participants:

	White/ Caucasian	Black/ African American	Hispanic/ Latino	American Indian/Alaska Native	Native Hawaiian/ Pacific Islander	Asian	Some Other Race(s)	Total
a. Current Enrollment /Data Collection (by racial/ethnic group)								
b. Actual Number of Participants at Meal Observed (by racial/ethnic group)								

5. Is the "And Justice For All" poster displayed in a prominent place? Yes No

F. FINDINGS AND RECOMMENDATIONS

1. List problems identified:

2. Recommendations – Indicate corrective action needed:

Proposed date of next review:

 Signature – Monitor Date Signature – Director Date

ADE 5-Day Reconciliation Form For Multiple Site Sponsors and Multiple Single Center Participants (Not Applicable for Emergency Shelters)

Site Name: _____

CTD #: ____-____-____

Total Number of Participants **Enrolled** (based on claim): _____

Licensed Capacity: _____

Total Number of participants **Claimed** (based on meal counts):

	Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Total Number of participants in **Attendance** (based on sign in/out sheets):

Meal Service Times	Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Compare the tables above. Are there any discrepancies between the numbers claimed and the numbers in attendance? Yes No
If yes, determine whether an over or under claim occurred and provide details. In addition, list corrective action assigned to resolve issue:
